

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/561,195

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	18	↔		↔		↔
TOTAL DEP.	12	↔		↔		↔
TOTAL CLAIMS	30	████████	████████	████████	████████	████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↔		↔		↔
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS		████████	████████	████████	████████	████████

U.S. DEPARTMENT OF COMMERCE

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